EMPLOYER PROVIDED BENEFIT	EMPLOYER'S RATE	ACCOUNT CODE
Unemployment Compensation	0.07%	519800
State Leave Payment Reserve	0.66%	517600

GROUP HEALTH INSURANCE	EMPLOYER	EMPLOYER	TOTAL	ACCOUNT CODE
SEMI-MONTHLY RATES	MEDICAL	DENTAL		
Full-Time Single Employee	\$305.64	\$11.32	\$316.96	519500
Part-Time Single Employee	\$244.60	\$6.58	\$251.18	519500
Full-Time Employee, Dependent Coverage*	\$447.83	\$18.98	\$466.81	519500
Part-Time Employee, Dependent Coverage*	\$356.36	\$13.26	\$369.62	519500
Full-Time Healthy Kids Dependent Coverage	\$476.06	\$18.98	\$495.04	519500
Part-Time Healthy Kids Dependent Coverage	\$379.81	\$13.26	\$393.07	519500

<sup>\*</sup> Note that these amounts include the Single Employee rate plus the Dependent Coverage rate added together.

For GHI Plan C and Plan N rates, the semi-monthly portion of the quarterly Employer HSA/HRA amount is subtracted from the semi-monthly Employer Medical to calculate the semi-monthly ER GHI Contribution for employee paychecks.

				<u> </u>
	Employer Medical less semi-monthly portion of quarterly HSA/HRA			
Plan C Semi-Monthly ER GHI Contribution	ER Contribution	EMPLOYER DENTAL		
Full-Time Single Employee	305.64 - 41.66 = 263.98	\$11.32	\$275.30	519500
Part-Time Single Employee	244.60 - 26.05 = 218.55	\$6.58	\$225.13	
Full-Time Employee + child(ren)	447.83 - 72.91 = 374.92	\$18.98	\$393.90	519500
Full-Time Employee + SP/Family	447.83 - 52.08 = 395.75	\$18.98	\$414.73	519500
Part-Time Employee + child(ren)	356.36 - 49.48 = 306.88	\$13.26	\$320.14	519500
Part-Time Employee + SP/Family	356.36 - 28.65 = 327.71	\$13.26	\$340.97	519500
Full-Time Healthy Kids + child(ren)	476.06 - 72.91 = 403.15	\$18.98	\$422.13	519500
Full-Time Healthy Kids + Family	476.06 - 52.08 = 423.98	\$18.98	\$442.96	519500
Part-Time Healthy Kids + child(ren)	379.81 - 49.48 = 330.33	\$13.26	\$343.59	519500
rait-Time reality rids + child(ren)				
Part-Time Healthy Kids + Family	379.81 - 28.65 = 351.16	\$13.26	\$364.42	519500
Part-Time Healthy Kids + Family	Employer Medical less semi-monthly portion of quarterly HSA/HRA		·	
Part-Time Healthy Kids + Family  Plan N Semi-Monthly ER GHI Contribution	Employer Medical less semi-monthly portion of quarterly HSA/HRA ER Contribution	EMPLOYER DENTAL	TOTAL	ACCOUNT CODE
Part-Time Healthy Kids + Family  Plan N Semi-Monthly ER GHI Contribution  Full-Time Single Employee	Employer Medical less semi-monthly portion of quarterly HSA/HRA ER Contribution 305.64 - 20.83 = 284.81	EMPLOYER DENTAL \$11.32	<b>TOTAL</b> \$296.13	ACCOUNT CODE 519500
Part-Time Healthy Kids + Family  Plan N Semi-Monthly ER GHI Contribution  Full-Time Single Employee  Part-Time Single Employee	Employer Medical less semi-monthly portion of quarterly HSA/HRA ER Contribution 305.64 - 20.83 = 284.81 244.60 - 13.02 = 231.58	<b>EMPLOYER DENTAL</b> \$11.32 \$6.58	TOTAL \$296.13 \$238.16	ACCOUNT CODE 519500 519500
Plan N Semi-Monthly ER GHI Contribution  Full-Time Single Employee Part-Time Single Employee Full-Time Employee + child(ren)	Employer Medical less semi-monthly portion of quarterly HSA/HRA ER Contribution 305.64 - 20.83 = 284.81 244.60 - 13.02 = 231.58 447.83 - 36.46 = 411.37	### EMPLOYER DENTAL  \$11.32  \$6.58  \$18.98	TOTAL \$296.13 \$238.16 \$430.35	ACCOUNT CODE 519500 519500 519500
Plan N Semi-Monthly ER GHI Contribution  Full-Time Single Employee  Part-Time Single Employee  Full-Time Employee + child(ren)  Full-Time Employee + SP/Family	Employer Medical less semi-monthly portion of quarterly HSA/HRA ER Contribution 305.64 - 20.83 = 284.81 244.60 - 13.02 = 231.58 447.83 - 36.46 = 411.37 447.83 - 26.04 = 421.79	\$11.32 \$6.58 \$18.98 \$18.98	TOTAL \$296.13 \$238.16 \$430.35 \$440.77	ACCOUNT CODE 519500 519500 519500 519500
Plan N Semi-Monthly ER GHI Contribution  Full-Time Single Employee Part-Time Single Employee Full-Time Employee + child(ren) Full-Time Employee + SP/Family Part-Time Employee + child(ren)	Employer Medical less semi-monthly portion of quarterly HSA/HRA ER Contribution 305.64 - 20.83 = 284.81 244.60 - 13.02 = 231.58 447.83 - 36.46 = 411.37 447.83 - 26.04 = 421.79 356.36 - 24.74 = 331.62	\$11.32 \$6.58 \$18.98 \$18.98 \$13.26	TOTAL \$296.13 \$238.16 \$430.35 \$440.77 \$344.88	ACCOUNT CODE  519500  519500  519500  519500  519500
Plan N Semi-Monthly ER GHI Contribution  Full-Time Single Employee Part-Time Single Employee Full-Time Employee + child(ren) Full-Time Employee + SP/Family Part-Time Employee + SP/Family	Employer Medical less semi-monthly portion of quarterly HSA/HRA ER Contribution 305.64 - 20.83 = 284.81 244.60 - 13.02 = 231.58 447.83 - 36.46 = 411.37 447.83 - 26.04 = 421.79 356.36 - 24.74 = 331.62 356.36 - 14.32 = 342.04	\$11.32 \$6.58 \$18.98 \$18.98 \$13.26 \$13.26	TOTAL \$296.13 \$238.16 \$430.35 \$440.77 \$344.88 \$355.30	ACCOUNT CODE 519500 519500 519500 519500 519500 519500
Plan N Semi-Monthly ER GHI Contribution  Full-Time Single Employee  Part-Time Single Employee  Full-Time Employee + child(ren)  Full-Time Employee + SP/Family  Part-Time Employee + SP/Family  Part-Time Employee + SP/Family  Full-Time Healthy Kids + child(ren)	Employer Medical less semi-monthly portion of quarterly HSA/HRA ER Contribution 305.64 - 20.83 = 284.81 244.60 - 13.02 = 231.58 447.83 - 36.46 = 411.37 447.83 - 26.04 = 421.79 356.36 - 24.74 = 331.62 356.36 - 14.32 = 342.04 476.06 - 36.46 = 439.60	\$11.32 \$6.58 \$18.98 \$18.98 \$13.26 \$13.26 \$13.26	<b>TOTAL</b> \$296.13 \$238.16 \$430.35 \$440.77 \$344.88 \$355.30 \$458.58	ACCOUNT CODE  519500  519500  519500  519500  519500  519500  519500
Plan N Semi-Monthly ER GHI Contribution  Full-Time Single Employee  Part-Time Single Employee  Full-Time Employee + child(ren)  Full-Time Employee + SP/Family  Part-Time Employee + SP/Family  Part-Time Employee + SP/Family  Full-Time Healthy Kids + child(ren)  Full-Time Healthy Kids + Family	Employer Medical less semi-monthly portion of quarterly HSA/HRA ER Contribution 305.64 - 20.83 = 284.81 244.60 - 13.02 = 231.58 447.83 - 36.46 = 411.37 447.83 - 26.04 = 421.79 356.36 - 24.74 = 331.62 356.36 - 14.32 = 342.04 476.06 - 36.46 = 439.60 476.06 - 26.04 = 450.02	\$11.32 \$6.58 \$18.98 \$18.98 \$13.26 \$13.26 \$13.26 \$13.88	<b>TOTAL</b> \$296.13 \$238.16 \$430.35 \$440.77 \$344.88 \$355.30 \$458.58 \$469.00	ACCOUNT CODE  519500  519500  519500  519500  519500  519500  519500  519500
Plan N Semi-Monthly ER GHI Contribution  Full-Time Single Employee  Part-Time Single Employee  Full-Time Employee + child(ren)  Full-Time Employee + SP/Family  Part-Time Employee + SP/Family  Part-Time Employee + SP/Family  Full-Time Healthy Kids + child(ren)	Employer Medical less semi-monthly portion of quarterly HSA/HRA ER Contribution 305.64 - 20.83 = 284.81 244.60 - 13.02 = 231.58 447.83 - 36.46 = 411.37 447.83 - 26.04 = 421.79 356.36 - 24.74 = 331.62 356.36 - 14.32 = 342.04 476.06 - 36.46 = 439.60	\$11.32 \$6.58 \$18.98 \$18.98 \$13.26 \$13.26 \$13.26	<b>TOTAL</b> \$296.13 \$238.16 \$430.35 \$440.77 \$344.88 \$355.30 \$458.58	519500 519500 519500 519500 519500 519500 519500 519500 519500 519500